

Mail to:
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Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

www.hazardouswaste.utah.gov

SOLID WASTE RECYCLING FACILITY ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: _____

Facility Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

County: _____

Owner

Name: _____ Phone No.: (_____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (_____) _____ Contact's Email Address: _____

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: (_____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (_____) _____ Contact's Email Address: _____

Facility Status

☐ Currently in Operation ☐ Closed - Date: _____

(The "Closed - Date" is the date that all material was removed from the site)

Annual Material Received

Tons on site at beginning of reporting period: _____

Tons received in reporting period: _____

Tons removed for Recycling during period: _____

Tons disposed during period: _____

Tons on site at end of reporting period: _____

Signature: _____ **Date:** _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ **Title:** _____